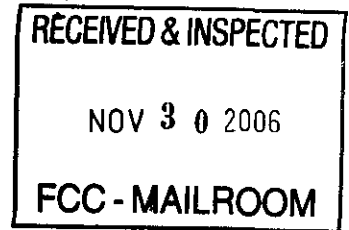


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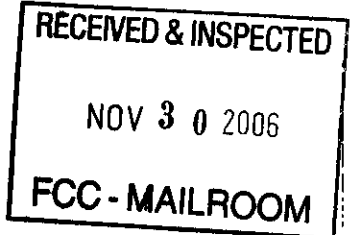
KANE COUNTY SCHOOL DISTRICT

BOARD OF EDUCATION
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KANE COUNTY SCHOOLS
...where learning comes first!

ROBERT N. JOHNSON
Superintendent
CARY A. REESE, CPA
Business Manager



FAX DOCUMENT ROUTING INSTRUCTIONS

Date: 11-29-06
To: FCC
Office: Office of the Secretary
Fax No. 202-418-0187
From: Betty Purvis

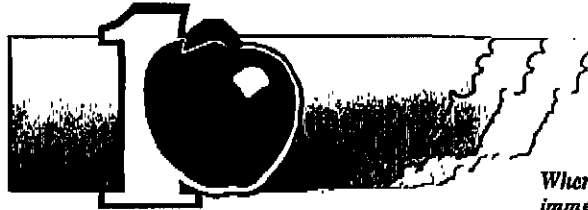
Total number of pages including this page 14.

Message:

contact: Betty Purvis
435-644-2555 ext 3
purvisb@kane.k12.ut

Kane School District

BOARD OF EDUCATION
Lex Chamberlain, President
Lynette Shelley, Vice President
Dr. Lorai Linson, Member
Joe D. Houston, Member
Colene Brinkerhoff, Member



ROBERT N. JOHNSON
Superintendent
CARY A. REESE, CPA
Business Manager

*Where excellent instruction empowers
immeasurable opportunities...*

November 29, 2006

RECEIVED & INSPECTED

NOV 30 2006

FCC - MAILROOM

Letter of Appeal
FCC, Office of the Secretary
445 12th Street SW
Washington, DC 20554

Fax #202-418-0187

CC Docket No. 02-6
Re: Billed Entity - Kane County School District - BEN 142884
Form 471 Application number - 462458
Form 470 Application number - 520490000
FRN - 1271213 / SPIN 143002570
Funding Year 7/1/2005 - 6/30/2006

Dear Appeals Representative:

I am requesting this appeal based on the error that I discovered when I prepared the BEAR Form 472 for the funding year 7/1/05 - 6/30/2006. This error was discussed with the Service Provider and the Service Provider is supportive of this appeal action.

The error originated on the Form 471 that was filed. The amount of the discount funding request entered in Block 5, line 23a and 23c of the Form 471 was incorrect. The amount entered of \$369.87 was for only one place of service and was incorrect. The amount on line 23a and 23c should have been \$1,815.30 for six units. Attachment 1 for the Item 21 attachment showed a unit cost of \$302.55 per unit for 6 units of basic telephone service. The amount on line 23c should have been \$1,853.30, and the amount on line 23i should have been \$21,783.60 for 12 months of service, at a 74% discount would have resulted in a funding commitment request on line 23k of \$16,119.86, rather than \$3,284.45 as was incorrectly entered on line 23k.

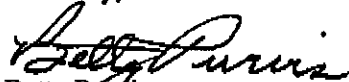
I am enclosing the necessary documentation to support this appeal request.

This error was not noted when I received the Funding Commitment Decision Letter dated July 7, 2005, but was discovered when I was preparing the BEAR Form 472 for this funding year. The amount in Block 1, line 8 of the BEAR form (had the Form 471 been submitted correctly) should have been \$16,119.86 (74% of \$21,783.60).

Thank you for your time and consideration in the review and approval of this appeal. If there is further information you need, please let me know.

I can be contacted by telephone at 435-644-2555 ext. 3, email purvisb@kanek12.org, or by fax at 435-644-2509.

Sincerely,



Betty Purvis
E-Rate Coordinator
Kane County School District

Enclosures

ITEM 21 ATTACHMENT

| Applicant: Kane County School District | | | Attachment: 1 | |
|--|--------------------------------|-----------|---------------------|---------------|
| BEN: 142884 | | | Application: 462458 | |
| Description: Basic telephone service for the following numbers: 435-644-2555; 435-644-5800; 435-644-5821; 435-644-2329; 435-648-2277; 435-648-2278 | | | | |
| Quantity | Product or Service Description | Unit Cost | Recurring | Non-recurring |
| 12 | Monthly Basic Telephone Serv. | 302.55 | \$ 3,630.65 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL: | \$ 3,630.65 | |

**Schools and Libraries Universal Service Program
Services Ordered and Certification Form 471
Application Display**

[Refresh Page](#) [Close Print Preview](#)

Block 1: Billed Entity Information

Applicant's Form Identifier: KANE 05
471

471 Application Number: 462458

Funding Year: 07/01/2005 -
08/30/2006

Billed Entity Number:
142884

Cert. Postmark Date:

Form Status: INCOMPLETE

RAL Date:

Out of Window Letter Date:

Name: KANE COUNTY SCHOOL DISTRICT
Address: 746 SOUTH 175th EAST
City: KANAB **State:** UT **Zip:** 84741 3946
Phone: 435-644-2555 **Ext:**
Fax: 435-644-2509

Contact Name: Betty Purvis
Address: 746 SOUTH 175th EAST
City: KANAB **State:** UT **Zip:** 84741 3946
Contact Phone: 435-644-2555 **Ext:** 3
Contact Fax: 435-644-2509 **Ext:**
E-mail: purvisb@m.kane.k12.ut.us
Contact Mode: EMAIL
Alternate Contact Info.:

Type of Application: SCHOOL DISTRICT

Ineligible Orgs: N

Block 2: Impact of Services Ordered on Schools

Number of students to be served: 1210

| SERVICE DESCRIPTION | BEFORE ORDER | AFTER ORDER |
|--|--------------|-------------|
| b Telephone service: Number of classrooms with phone service | 70 | 70 |
| e Direct connections to the Internet: Number of drops | 12 | 12 |
| f Number of classrooms with Internet access | 119 | 120 |
| g Number of computers or other devices with Internet access | 474 | 475 |

Block 3: Impact of Services Ordered on Libraries

NOT APPLICABLE AS THIS APPLICATION IS FOR DISTRICT**Block 4: Worksheets****Worksheet A No: 664304 Student Count: 1020****Weighted Product (Sum. Column 8): 766.4****Shared Discount: 75%**

1. School Name: BIG WATER SCHOOL
2. Entity Number: 96938 NCES: 49 00480 00887
3. Rural/Urban: Rural
4. Student Count: 60 5. NSLP Students: 45 6. NSLP Students/Students: 75.000%
7. Discount: 90% 8. Weighted Product: 54
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANAB ELEMENTARY SCHOOL
2. Entity Number: 96939 NCES: 49 00480 00340
3. Rural/Urban: Rural
4. Student Count: 223 5. NSLP Students: 175 6. NSLP Students/Students: 78.475%
7. Discount: 90% 8. Weighted Product: 200.7
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANAB HIGH SCHOOL
2. Entity Number: 96941 NCES: 49 00480 00339
3. Rural/Urban: Rural
4. Student Count: 248 5. NSLP Students: 78 6. NSLP Students/Students: 31.451%
7. Discount: 60% 8. Weighted Product: 148.8
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANAB MIDDLE SCHOOL
2. Entity Number: 96940 NCES: 49 00480 00796
3. Rural/Urban: Rural
4. Student Count: 117 5. NSLP Students: 49 6. NSLP Students/Students: 41.880%
7. Discount: 70% 8. Weighted Product: 81.9
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANE COUNTY SCHOOL DISTRICT OFFICES
2. Entity Number: 16030190 NCES: 49 00480
3. Rural/Urban: Rural
4. Student Count: 0 5. NSLP Students: 0 6. NSLP Students/Students:
7. Discount: 71% 8. Weighted Product: 0
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: LAKE POWELL ELEM-HIGH SCHOOL
2. Entity Number: 96803 NCES: 49 00480 00897
3. Rural/Urban: Rural
4. Student Count: 54 5. NSLP Students: 36 6. NSLP Students/Students: 66.666%
7. Discount: 80% 8. Weighted Product: 43.2
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: VALLEY ELEMENTARY SCHOOL

2. Entity Number: 96954 NCES: 49 00480 00342
 3. Rural/Urban: Rural
 4. Student Count: 152 5. NSLP Students: 78 6. NSLP Students/Students: 51.315%
 7. Discount: 80% 8. Weighted Product: 121.6
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: VALLEY HIGH SCHOOL
 2. Entity Number: 96955 NCES: 49 00480 00341
 3. Rural/Urban: Rural
 4. Student Count: 166 5. NSLP Students: 60 6. NSLP Students/Students: 36.144%
 7. Discount: 70% 8. Weighted Product: 116.2
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

Worksheet A No: 664552 Student Count: 471
 Weighted Product (Sum. Column 8): 349.5 Shared Discount: 74%

1. School Name: KANAB ELEMENTARY SCHOOL
 2. Entity Number: 96939 NCES: 49 00480 00340
 3. Rural/Urban: Rural
 4. Student Count: 223 5. NSLP Students: 175 6. NSLP Students/Students: 78.475%
 7. Discount: 90% 8. Weighted Product: 200.7
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANAB HIGH SCHOOL
 2. Entity Number: 96941 NCES: 49 00480 00339
 3. Rural/Urban: Rural
 4. Student Count: 248 5. NSLP Students: 78 6. NSLP Students/Students: 31.451%
 7. Discount: 60% 8. Weighted Product: 148.8
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANE COUNTY SCHOOL DISTRICT OFFICES
 2. Entity Number: 16030190 NCES: 49 00480
 3. Rural/Urban: Rural
 4. Student Count: 0 5. NSLP Students: 0 6. NSLP Students/Students:
 7. Discount: 71% 8. Weighted Product: 0
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

Worksheet A No: 664630 Student Count: 906
 Weighted Product (Sum. Column 8): 669.2 Shared Discount: 74%

1. School Name: KANAB ELEMENTARY SCHOOL
 2. Entity Number: 96939 NCES: 49 00480 00340
 3. Rural/Urban: Rural
 4. Student Count: 223 5. NSLP Students: 175 6. NSLP Students/Students: 78.475%
 7. Discount: 90% 8. Weighted Product: 200.7
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANAB HIGH SCHOOL
 2. Entity Number: 96941 NCES: 49 00480 00339
 3. Rural/Urban: Rural
 4. Student Count: 248 5. NSLP Students: 78 6. NSLP Students/Students: 31.451%
 7. Discount: 60% 8. Weighted Product: 148.8
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANAB MIDDLE SCHOOL
 2. Entity Number: 96940 NCES: 49 00480 00796
 3. Rural/Urban: Rural
 4. Student Count: 117 5. NSLP Students: 49 6. NSLP Students/Students: 41.880%
 7. Discount: 70% 8. Weighted Product: 81.9
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KANE COUNTY SCHOOL DISTRICT OFFICES
 2. Entity Number: 16030190 NCES: 49 00480
 3. Rural/Urban: Rural
 4. Student Count: 0 5. NSLP Students: 0 6. NSLP Students/Students:
 7. Discount: 71% 8. Weighted Product: 0
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: VALLEY ELEMENTARY SCHOOL
 2. Entity Number: 96954 NCES: 49 00480 00342
 3. Rural/Urban: Rural
 4. Student Count: 152 5. NSLP Students: 78 6. NSLP Students/Students: 51.315%
 7. Discount: 80% 8. Weighted Product: 121.6
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: VALLEY HIGH SCHOOL
 2. Entity Number: 96955 NCES: 49 00480 00341
 3. Rural/Urban: Rural
 4. Student Count: 166 5. NSLP Students: 60 6. NSLP Students/Students: 36.144%
 7. Discount: 70% 8. Weighted Product: 116.2
 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

Block 5: Discount Funding Request(s)

| | |
|---|--|
| * FRN: 1271213 FCDL Date: | |
| 10. Original FRN: | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 520490000519195 |
| 13. SPIN: 143002570 | 14. Service Provider Name: South Central Utah Telephone Association, Inc |
| 15a. Non-Contracted tariffed/Month to Month Service: Y | 15b. Contract Number: T |
| 15c. Covered under State Master Contract: | 15d. FRN from Previous Year: |
| 16a. Billing Account Number: 435-644-2555 | 16b. Multiple Billing Account Numbers?: Y |
| 17. Allowable Contract Date: 01/05/2005 | 18. Contract Award Date: |
| 19a. Service Start Date: 07/01/2005 | 19b. Service End Date: 06/30/2006 |
| 20. Contract Expiration Date: | |
| 21. Attachment #: 1 | 22. Block 4 Worksheet No.: 664630 |
| 23a. Monthly Charges: \$369.87 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$369.87 | 23d. Number of months of service: 12 |
| 23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$4,438.44 | |

471 Information

Page 5 of 10

| | |
|--|--|
| 23f. Annual non-recurring (one-time) charges: \$0.00 | 23g. Ineligible non-recurring amt.: \$0.00 |
| 23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00 | |
| 23i. Total program year pre-discount amount (23e + 23h): \$4,438.44 | |
| 23j. % discount (from Block 4): 74 | |
| 23k. Funding Commitment Request (23i x 23j): \$3,284.45 | |

| | |
|--|---|
| FRN: 1271656 FCDL Date: | |
| 10. Original FRN: | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 520490000519195 |
| 13. SPIN: 143008756 | 14. Service Provider Name: Western Wireless Corporation |
| 15a. Non-Contracted tariffed/Month to Month Service: Y | 15b. Contract Number: MTM |
| 15c. Covered under State Master Contract: | 15d. FRN from Previous Year: |
| 16a. Billing Account Number: | 16b. Multiple Billing Account Numbers?: Y |
| 17. Allowable Contract Date: 01/05/2005 | 18. Contract Award Date: |
| 19a. Service Start Date: 07/01/2005 | 19b. Service End Date: 06/30/2006 |
| 20. Contract Expiration Date: | |
| 21. Attachment #: 2 | 22. Block 4 Worksheet No.: 664630 |
| 23a. Monthly Charges: \$516.90 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$516.90 | 23d. Number of months of service: 12 |
| 23e. Annual pre-discount amount for eligible recurring charges (23c x 23d): \$6,202.80 | |
| 23f. Annual non-recurring (one-time) charges: \$0.00 | 23g. Ineligible non-recurring amt.: \$0.00 |
| 23h. Annual pre-discount amount for eligible non-recurring charges (23f - 23g): \$0.00 | |
| 23i. Total program year pre-discount amount (23e + 23h): \$6,202.80 | |
| 23j. % discount (from Block 4): 74 | |
| 23k. Funding Commitment Request (23i x 23j): \$4,590.07 | |

| | |
|--|--|
| FRN: 1271692 FCDL Date: | |
| 10. Original FRN: | |
| 11. Category of Service: Telecommunications Service | 12. 470 Application Number: 520490000519195 |
| 13. SPIN: 143001239 | 14. Service Provider Name: Tel America of Salt Lake City |
| 15a. Non-Contracted tariffed/Month to Month Service: Y | 15b. Contract Number: T |
| 15c. Covered under State Master Contract: | 15d. FRN from Previous Year: |
| 16a. Billing Account Number: 435-644-2329 | 16b. Multiple Billing Account Numbers?: |
| 17. Allowable Contract Date: 01/05/2005 | 18. Contract Award Date: |
| 19a. Service Start Date: 07/01/2005 | 19b. Service End Date: 06/30/2006 |
| 20. Contract Expiration Date: | |
| 21. Attachment #: 3 | 22. Block 4 Entity Number: 96939 |
| 23a. Monthly Charges: \$5.98 | 23b. Ineligible monthly amt.: \$0.00 |
| 23c. Eligible monthly amt.: \$5.98 | 23d. Number of months of service: 12 |

FUNDING COMMITMENT REPORT
Billed Entity Name: KANE COUNTY SCHOOL DISTRICT
BEN: 142884
Funding Year: 2005

Form 471 Application Number: 462458
 Funding Request Number: 1271213
 Funding Status: Funded
 Category of Service: Telecommunications Service
 Form 470 Application Number: 520490000
 SPIN: 143002570
 Service Provider Name: ~~XX~~
 Contract Number: T
 Billing Account Number: 435-644-2555
 Service Start Date: 07/01/2005
 Contract Expiration Date: 06/30/2006
 Number of Months Recurring Service Provided in Funding Year: 12
 Annual Pre-discount Amount for Eligible Recurring Charges: \$4,438.44
 Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
 Pre-discount Amount: \$4,438.44
 Discount Percentage Approved by the SLD: 74%
 Funding Commitment Decision: \$3,284.45 - FRN approved as submitted

FCDL Date: 07/07/2005
 Wave Number: 002

Funding Request Number: 1271656
 Funding Status: Funded
 Category of Service: Telecommunications Service
 Form 470 Application Number: 520490000
 SPIN: 143008756
 Service Provider Name: ~~XX~~
 Contract Number: MTM
 Billing Account Number: N/A
 Service Start Date: 07/01/2005
 Contract Expiration Date: 06/30/2006
 Number of Months Recurring Service Provided in Funding Year: 12
 Annual Pre-discount Amount for Eligible Recurring Charges: \$6,202.80
 Annual Pre-discount Amount for Eligible Non-recurring Charges: \$.00
 Pre-discount Amount: \$6,202.80
 Discount Percentage Approved by the SLD: 74%
 Funding Commitment Decision: \$4,590.07 - FRN approved as submitted

FCDL Date: 07/07/2005
 Wave Number: 002

Do not write in this space.

Approval by OMB

3080 - 0856

Universal Service for Schools and Libraries

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours
(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Applicant Name (30 characters maximum) Kane County School district
2. 471 Billed Entity Applicant Number (10 digits maximum) 462458
3. Service Provider Identification Number (SPIN) (9 digits maximum) 143002570
4. Contact Name (30 characters maximum) Betty Purvis
5. Contact Telephone Number (14 digits maximum) 435-644-2555 ext
6. Reimbursement Form Number (assigned by Billed Entity Applicant--25 characters maximum) Kane 06
7. Reimbursement Form Date to SLC (mm/dd/yyyy) 10/09/2006
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum) \$3,284.45

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Kane County School District 471 Billed Entity Applicant Number 462458 Contact Name Betty Purvis
 Contact Telephone Number 435-644-2555 ext Reimbursement Form Number Kane 06

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

| | (9) FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter) | (10) Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter) | (11) Bill Frequency | (12) Customer Billed Date (mm/yyyy) | (13) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy) | (14) Total (Undiscounted) Amount for Service (14.2 digits max.) | (15) Discount Amount Billed to SLC (14.2 digits max.) |
|----|---|--|---------------------------------|---|--|--|--|
| | | | DO NOT WRITE IN THIS COLUMN. | For each FRN, complete either Column (12) or Column (13), but not both Columns | | 14.2 digits allows for dollars and cents | |
| 1 | 462458 | 1271213 | | | 06/30/2006 | 4,436.44 | 3,284.45 |
| 2 | | | | | | | |
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| 13 | | | | | | | |
| 14 | | | | | | | |
| | | | | | | | \$3,284.45 |

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Applicant Name Kane County School district471 Billed Entity Applicant Number 462458Contact Person Name Betty PurvisContact Telephone Number 435-644-2555 extReimbursement Form Number Kane 06**Block 3: Billed Entity Applicant Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

17. Date (required) 10/09/2006

18. Printed name of authorized person (required)

Betty Purvis

19. Title or position of authorized person (required)

E-Rate Coordinator

20. Telephone number of authorized person (required)

435-644-2555 ext. 3

21. Address of authorized person (required)

746 South 175 East, Kanab, UT 84741

Page 3 of 4 pages

FCC Form 472 - October 1998

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Kane County School district
471 Billed Entity Applicant Number 462458
Contact Person Name Betty Purvis
Contact Telephone Number 435-644-2555 ext
Reimbursement Form Number Kane 08

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

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| 22. Signature of authorized person (fax, copy or original signature) <u>Marc McEmore</u> | 23. Date (required) <u>9 Oct 2006</u> |
| 24. Printed name of authorized person (required) <u>Marc McEmore</u> | 25. Title or position of authorized person (required) <u>Regulatory Affairs Mgr</u> |
| 26. Telephone number of authorized person (required) <u>435-826-0225</u> | |
| 27. Address of authorized person (required) <u>P.O. Box 555 Escalante, UT 84726</u> | |

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A paper copy of this Form (pages 1-4) should be mailed to:

SLC-BEAR Form
P. O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046